

HERSMAN (C. C.)

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Some of the Insanities.

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C. C. HERSMAN, M. D.,

PITTSBURG, PA.,

Adjunct to the Chair of Nervous Diseases, Western Pennsylvania Medical  
College (Medical Department of the Western University of Penn-  
sylvania); Physician to St. Francis Hospital, Insane Depart-  
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## THE RELATION BETWEEN UTERINE DISTURBANCES AND SOME OF THE INSANITIES.<sup>1</sup>

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BY C. C. HERSMAN, M. D., PITTSBURG, PA., ADJUNCT TO THE CHAIR OF  
NERVOUS DISEASES, WESTERN PENNSYLVANIA MEDICAL COLLEGE  
(MEDICAL DEPARTMENT OF THE WESTERN UNIVERSITY OF PA.);  
PHYSICIAN TO ST. FRANCIS HOSPITAL, INSANE DEPARTMENT;  
ALIENIST TO SOUTH SIDE HOSPITAL OF PITTSBURG; LATE  
OF WEST VIRGINIA HOSPITAL FOR THE INSANE.

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Scientific writing is so scarce and literature on this subject so meagre, that we have but little chance to study on this line of thought except from clinical observation. But before entering into the discussion of my subject, in order that I may be the better fortified, I shall give the sympathetic connection of the brain and uterus.

Beginning with the carotid plexus, we have the center of communication between all the cranial ganglia, and, being derived from the superior cervical ganglion, between the cranial ganglia and those of the trunk, it also communicates with most of the cerebral nerves.

The branches which accompany the anterior cerebral artery at each side until they unite upon the anterior communicating artery, according to Ribes, form a small ganglion called after him—the ganglion of Ribes.

The ophthalmic, speno-palatine and otic communicate with this (carotid) plexus, as does also the third nerve, sometimes the fourth, the Gasserian ganglion, the ophthalmic division of the fifth, the superior and inferior maxillary, the sixth nerve, the facial and auditory and the glosso-pharyngeal.

We have a union of the brain with the superior branch of the cervical portion of the sympathetic through the carotid and its branches, and through the inferior and other branches we reach the middle cervical ganglion passing down to the inferior cervical, which has extensive communication with the cardiac plexus. The cardiac plexus, superficial and deep, form unions with branches of the thoracic ganglia, which communicate with various plexuses in the thoracic cavity, sending branches to meet similar ones of the lumbar portion of the sympathetic. The lumbar ganglia send off different communicating branches, the visceral branches of which form the hypogastric plexus. It distributes branches to the pelvic viscera and the sacral plexus. Of this plexus (hypogastric) I shall have occasion to speak again.

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1. Read before the South Pittsburg Medical Society, Dec. 12th, 1892.

The last pair of the sacral ganglia gives off branches which join a small ganglion, situated on the first bone of the coccyx, called the ganglion impar or azygos, which serves to connect the extremes of the sympathetic nervous system (ganglion of Ribes and ganglion impar).

Hence, we see that there is no organ or portion of viscera which is not intimately connected with the brain through the sympathetic system. The uterus is supplied from the hypogastric (before mentioned), the spermatic and the sacral plexus. These form an elaborate plexus, in the midst of which are numerous ganglia, the chief of which is the hypogastric ganglion, situated by the side of the cervix.

Another, the spermatic ganglion, besides a number of smaller ones, supplies the fundus uteri. These nerves all increase in size during pregnancy or sub-involution.

With this short resume, I shall proceed to show you my reasons for believing that uterine disturbances play an important part in some of the insanities.

We know that cell metamorphosis is interfered with by excessive irritation; that cell nutrition is hindered thereby, and, as a result, the function of the cell lessened. When we consider the functions of brain cells, and especially of that portion where we expect mentality to be located, the importance of perfect physiological conditions is manifest to insure perfect psychological action. We know that in the brain certain associations of cells called centers have control or inhibitory influence over many of the lower reflex functions when in perfect healthy action. Hence, if these lower reflex functions are badly disturbed or interfered with by disease or accident, may we not expect defects in those functions of the brain above mentioned, sufficient to cause a loss of self-control, and, in so far as they exist, constitute mental alienation? By this continued reflex irritation the energy or reserve force of the cells is so exhausted that continued mental effort is greatly weakened, if not wholly incapacitated. Now, my object is to show that the great advantage gained by relieving these uterine disturbances, accidents or diseases which cause the reflex irritation in the brain, is to allow whatever inhibitory power remained in these brain cell centers to become active again and gradually restore them to their normal condition.

I add this advisedly, for if these uterine disturbances are allowed to return from any cause which lowers the reserve nerve force below a certain standard, we have a return of the mental overthrow, and we should never fail to impress the patient and the family with the necessity of avoiding everything which in her case seems to determine the attack. Members of the profession have often noticed that even a normal menstruation has something to do with a woman's disposition, and that some women with naturally lovely dispositions are anything but angelic during pregnancy. Menstruation, pregnancy and some of



the uterine diseases seem to have a psychical condition of their own, the main features of which in many persons, especially of the neurotic type, are a slight irritability or a tendency toward a lack of mental inhibition. In menstruation you will find these symptoms just before the commencement, and with some for a week or more after, which is also her period of highest conceptive power and keenest venal activity. Take a person suffering from chorea, neuralgia, epilepsy, in fact any of the nervous affections, and you often find the trouble very much exaggerated during this period. In some instances we find women suffering from chorea or insanity when pregnant, to be relieved only by abortion or delivery at term.

Only a few months ago I had a case in which death seemed imminent, but after abortion, the immediate cause of which was unknown, the insanity disappeared and she made a rapid recovery. Not only that, but we meet patients who have a persistent desire to eat unnatural things at these periods.

We, as a profession, also know that the normal performance of the functions of the organs of gestation in many cases are essential to mental soundness. We know that a profound mental impression on most women will cause a cessation of the flow, and in the insane we do not expect a regular monthly menstruation during the stage of acute symptoms.

One of our writers has said in reference to the monthly flow: "The melancholiacs are more depressed, the maniacs more restless, the delusional more under the influence of their delusions; if the subject of hallucinations, they are more intense, the impulsive more uncontrollable, cases of stupor more stupid, and the demented may be more enfeebled or excited." This is a fact easily verified by spending a time in a lunatic asylum, although there are exceptions, of course, but it applies to many of the insane.

The climacteric is another time in life at which insanity is liable to develop, especially in old maids. It is called by some "old maid's insanity," "ovarian insanity." We are told that the disease usually occurs in the unprepossessing old maid who has lived a severely virtuous life in thought, word and deed, and often a very religious life, on whom nature just before the change of life takes revenge for too severe a repression of all the manifestations of sex. This may take a turn similar to nymphomania or it may be a true nymphomania, and she usually thinks that some one is greatly enamored of her, mostly some one prominent in society or the community, very often a preacher. Had I the time and space I could give detailed histories of cases from the West Virginia Hospital for the Insane and St. Francis Hospital, Insane Department, of Pittsburg, Pa. The possible explanation of insanity occurring at this period is, that continence means atrophy, disuse means functional decay, and the influence of persistent conti-

nence upon the individual, whether male or female, is to dwarf, yea, in many respects to destroy the breadth and fullness of physical and intellectual individuality. It is a well-known fact that the "ovaries and testicles have at least three distinct actions: the first, generation; second, their action through absorption on the central nervous system, which give to men and women their physical, moral and intellectual characteristics. The third is a special tonic action which reinforces in a special way the action of the spinal cord and brain," the last of which is of importance to my subject. These are well-known functions which cannot be disputed.

Referring again to pregnancy, it is my opinion that few women pass through the period of gestation without there being some change mentally from the normal. However, scientific writing on the psychology of pregnancy is scarce, but without going into the discussion of this subject, we find the reasoning power, moral sense, the imagination, memory and some other natures are often different, and very different from the natural person as we have known her. And still, as a further argument of the intimate sympathetic connection of the brain and uterus, how many of us have seen in the lying in chamber or during the menses, by a sudden mental impression, either joy, grief or fright, the flow, menstrual or lochial, suddenly stopped; if menstrual, not to return, or to do so after due course of suffering; if lochial, to return after several days, to be followed by a tardy recovery. Were every practitioner an alienist and every alienist a practitioner, many cases of insanity might be averted; but, unfortunately, the alienist seldom has the opportunity offered him to treat insanity in its incipency, and the general practitioner is too apt to hesitate when he sees the mind becoming unbalanced and flees for the advice of the specialist, thinking the disease has entirely overreached his domain and that the alienist possesses some knowledge, all his own, which makes plain to him the cause.

If we could get the general practitioner to understand more generally that insanity is often a symptom of a trouble remote from the brain, and that he must look for the seat of the trouble, not always in the head, but in some organ, any organ, all organs, we would possibly have fewer chronic insane.

It is difficult to draw the line where general practice should cease and special practice should begin.

The two should go more hand in hand, especially in this particular specialty. On the other hand, the psychologist has given us his theories and classifications, thereby complicating and preventing the advance in the study of diseases in which mental aberration is the symptom that otherwise would have been made had general practice and special practice not been so widely divorced. I do not wish to convey the idea that insanity as a symptom is always indicative of a diseased organ.



It may be a faulty condition, a slight disturbance, a functional trouble only, which, if corrected, might prevent any further anxiety. It would be well for every practitioner of medicine to read the very able articles of Dr. Samuel Ayres, Pittsburg, Pa., "Gastro-intestinal and Hepatic Disorders, especially, Chronic Gastro-intestinal Catarrh in relation to the Etiology of Some Cases of Insanity,"<sup>2</sup> and Dr. Alice Bennett, Norristown, Pa., "Insanity a Symptom of Bright's Disease."<sup>2</sup>

In these articles we have ample argument to look for a cause in many cases outside the brain.

In lunatic asylums we find a wide field for the gynecologist, but very unsatisfactory subjects to treat many times. I am aware we usually look to the brain when searching for the cause of insanity, and many times, I fear, when we should look elsewhere.

Of course, it is necessarily the immediate seat of disturbances, but the remote cause may be very foreign to that organ.

I am rejoiced to know that such men as my friend and teacher, Prof. George H. Rohé, M. D., Catonsville, Md., Insane Asylum, and W. P. Manton, M. D., Detroit, Mich., whose very striking articles<sup>3</sup> I have had the pleasure to read since commencing this article, have been giving their attention to this subject, but in more heroic measures than I have, as they have resorted to the knife, while I have nothing severer to report than the curette or local application.

I feel that they have opened up a new field for the gynecologist and established the beginning of a new era for the alienist.

In looking up statistics for this state (Pennsylvania), I find that for the year ending September 30, 1891, there were admitted to hospitals 788 insane women and girls. Of that number there was 9.5+ per cent. of the admissions with a history of uterine trouble given as the cause of insanity. Of the 788, we have the history of 480 only, 308 having no cause assigned for the insanity.

The causes given are child-birth; climacteric, dysmenorrhœa, menopause, menstruation, menstrual derangement, pregnancy, puberty, puerperal causes and uterine disease.

Had we the history of the remaining 308, and the same ratio prevailing, we would have our per cent. increased to an alarming degree, to say the least.

With this heavy per cent. staring us in the face, should we not be more concerned about our patients who are suffering from uterine disease, and especially those of a neurotic type?

Many times if the uterine disturbance were relieved the insanity would be removed. I cannot refrain from referring to one woman who was suffering from intrauterine vegetations and dying a slow death from slight continuous hemorrhage therefrom.

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2. Proceedings State Medical Society, 1890.

3. American Journal of Obstetrics, November, 1892.

After dilatation and a thorough curetting, she made a complete recovery from the uterine disease and was discharged from the hospital quite well mentally. Now, knowing as many of us know the association of uterine disease and mental disturbances, it is surprising that there has not been a closer study into the relations of the two, that we have not more literature upon the subject, thereby giving an impetus to the investigation of mental symptoms and their causes in some remote organ, and to establish a relationship if possible.

No fact has been more clearly established by psychological investigation and neurological anatomy than that the human anatomy is wholly dominated by the sympathetic nervous system. The whole physical structure is subservient to its influence. It is a despotic force with compulsory requirements. No stasis, either active or passive, no modification of the activities, no irritation, however slight, but that will manifest itself through the sympathetic nervous system. I have seen, as already stated, in the treatment of insanities the result of uterine disease, the local or surgical treatment of the trouble not only cure the uterine disease, but effectually cure the concomitant disease occurring in the brain, thus showing the mysterious (?) and unaccountable (?) connection between them. A woman becomes the victim of nymphomania, amenorrhœa, dysmenorrhœa or some one or more of the many forms of uterine disturbance; it may take on one of the amatory phenomena, especially of nymphomania, a religious turn, devotional enthusiasm of so violent a character as to necessitate removal to a lunatic asylum (and these are not fictitious cases), all this because of a local irritation.

Finally, we may have a uterine trouble, an irritation, transmitted through the hypogastric, spermatic and other ganglia and plexuses, from cell to ganglion, passing onward to the sacral, to the cord, the medulla oblongata and the cerebellar and cerebral ganglia, finally by coronata radiata fibers to the cortex of the brain, that most valuable distribution of nervous matter, the seat of mentality and intellectuality, ending in a complete overthrow of the noblest propensity of woman, driving her to a madhouse, there to drag out her existence within the walls of her life prison. Thus we have the beginning and end of a very sad picture.

#### BIBLIOGRAPHY.

The reader will find hints, suggestions and information, *Cutaneous and Genito-Urinary Journal*, August, 1892, *Medical Times*, August, 1892, *Pittsburg Medical Review*, August, 1892, and quotations from Brown-Sequard, Custon on Insanity, and Wilson's Anatomy, Eng. Ed.

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